

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1838

State File No.

Registrar's No.

768

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH

(a) County BUCHANAN
(b) City or town ST. JOSEPH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: STATE HOSPITAL No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo. 13 days
(Specify whether years, months or days)
In this community 2 mo. 13 days

3. (a) PRINT FULL NAME BARBARA ANNA SHEPPARD

3. (b) If veteran, name war - 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife John Sheppard 6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years About 80 Months ? Days ? If less than one day hr. min.

9. Birthplace Davis Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business

MOTHER FATHER { 12. Name William Williams
13. Birthplace ? (City, town, or county) (State or foreign country)
14. Maiden name Jane Bowman
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Hosp. Records
(b) Address State Hosp. # 2 St. Joseph
17. (a) Removal (b) Date thereof Jan 15 1941
(Residence, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Interment
18. (a) Signature of funeral director Raymond A. Jones
(b) Address Interment
19. (a) 1/15/41 (b) A. J. Heath
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Grundy
(c) City or town Interment
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location) 7
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan - day 15th
year 1941 hour 2 minute 10 A. M.
21. I hereby certify that I attended the deceased from Nov. 2, 1940, to Jan 15, 1941;
that I last saw her alive on Jan 14, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Branchiopneumonia Duration 3 days

Due to Semility
Due to 107

Other conditions Semile psychosis
(Include pregnancy within 3 months of death)
amaurosis

Major findings: Of operations -
Of autopsy -

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? 85 (Specify type of place)
(e) Means of injury
23. Signature Kenneth Thompson (M. D. or other)
Address State Hosp. # 2 St. Joseph, Mo. Date signed 1-15-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

....., Registered Apprentice No.

working under my personal supervision.

Signed

Raymond A. Paris

Licensed Embalmer No.

3424

P. O. Address

Trenton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN-HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.